

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10618249**
APPLICANT(S)

FILING DATE **3**

CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						51
2						52
3						53
4						54
5						55
6						56
7						57
8						58
9						59
10						60
11						61
12						62
13						63
14						64
15						65
16						66
17						67
18						68
19						69
20						70
21						71
22						72
23						73
24						74
25						75
26						76
27						77
28						78
29						79
30						80
31						81
32						82
33						83
34						84
35	/					85
36	/					86
37	/					87
38	/					88
39	/					89
40	/					90
41	/					91
42	/					92
43	/					93
44	/					94
45	/					95
46	/					96
47	/					97
48	/					98
49	/					99
50	/					100
TOTAL IND.						TOTAL IND. 2
TOTAL DEP.						TOTAL DEP. 24
TOTAL CLAIMS						TOTAL CLAIMS 26